



Electronic Data Interchange (EDI) Trading Partner Profile - Billing Service/Clearinghouse

State Form 51441 (7-03)
Indiana State Department of Health

A provider of services has informed us that they would like to begin doing Electronic Data Interchange (EDI) transactions with the Indiana State Department of Health (ISDH). They have informed us that you are their Business Associate for their EDI transactions. Therefore, in order to begin the process, please complete this document and sign the EDI Trading Partner Agreement. Please return these documents to the address below. EDI will not be available for production submissions until October 16, 2003. Upon receipt of the Trading Partner Profile and Agreement, a member of the ISDH EDI staff will contact you concerning your EDI setup and testing. If you have already submitted a profile and an agreement to the ISDH you do not need to complete these forms again.

Billing Service / Clearinghouse:

Name: _____

Address (include Suite): _____

City: _____ State: _____ Zip + 4: _____

Contact Name: _____

Phone: _____ Fax: _____

E-Mail: _____

Indicate your request(s) for the EDI transactions below.

Inbound (sent from you to ISDH):

- ☐ Health Care Claim (837)
- ☐ Prior Authorization (278)
- ☐ Eligibility Request (270)
- ☐ Claim Status Request (276)
- ☐ Retail Pharmacy Prior Authorization (NCPDP)
- ☐ Retail Pharmacy Claim (NCPDP)
- ☐ Retail Pharmacy Eligibility Request (NCPDP)

Outbound (sent from ISDH to you):

- ☐ Payment Advice (835)
- ☐ Prior Authorization (278)
- ☐ Eligibility Request (271)
- ☐ Claim Status Request (277)
- ☐ Retail Pharmacy Prior Authorization (NCPDP)
- ☐ Retail Pharmacy Eligibility Request (NCPDP)

Remittance Advices are provided on a weekly basis ONLY and include claims submitted electronically and on paper. Outbound transmissions will only be sent with prior authorization from billing provider.

Data Transmission / Retrieval Method

☐ Asynchronous Dial-up

☐ FTP via PPP Dial-up Connection

Authorized Signature

Date

Title of Authorized Signatory

Remittance Address:
ISDH
Office of HIPAA Compliance
EDI Provider Relations, 3K
2 North Meridian Street
Indianapolis, IN 46204-3010
317-233-9803